



GILA COUNTY COMMUNITY DEVELOPMENT DIVISION
WASTEWATER

WATERTIGHTNESS TEST

SITE ADDRESS: _____ APN: _____

OWNER: _____

TEST CONDUCTED BY: _____

NAME: _____

TEST RESULTS: PASS: _____ FAIL: _____

SIGNATURE: _____ DATE: _____

WATER TEST RECORDING:

INITIAL FILL: _____ DATE: _____ TIME FULL: _____

TEST: _____ DATE: _____

MEASURE AND RECORD EITHER:

depth of water = bottom of tank to water level

or

depth to water = **top** of tank to water level

	TIME	DEPTH OF WATER	DEPTH TO WATER
START			
END			
	WATER LEVEL DROP OVER 1 HR		